

FEC FORM 1

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Only

## STATEMENT OF ORGANIZATION

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FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Nancy Mace ing the increase of increase the contract of the contract the contract of the 295 Seven Farms Drive ADDRESS (number and street) مرائدها والتالك أمالك Suite C-186 (Check if address is changed) Charleston COMMITTEE'S E-MAIL ADDRESS DBacker@DBCapitolStrategies.com (Check if address is changed) Exclusive the commence of the same of the Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) .http://www.NancyMace.org (Check if address is changed) and a control of the 2013 2. DATE C FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Dan Backer Type or Print Name of Treasurer Signature of Treasurer Date 03 2013 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Flection Commission Use Toll Free 800-424-9530 (Revised 06/2012)

Local 202-694-1100